

1. <input type="checkbox"/> No 2001 Patient Services Surcharge Obligation	2. <input type="checkbox"/> No 2001 Covered Lives Assessment Obligation	3. <input type="checkbox"/> Covered Lives Report Submitted Separately by Fund or TPA
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MONTHLY PAYOR REPORT

NEW YORK STATE DEPARTMENT OF HEALTH
2001 PUBLIC GOODS POOL
REPORT OF PATIENT SERVICES PAYMENT AND SURCHARGE OBLIGATIONS

REPORT MONTH _____, _____

PAYOR NAME _____	FEDERAL TAX ID # _____
TPA NAME (if applicable) _____	TPA FEDERAL TAX ID # _____

WHOLE DOLLARS ONLY

DESCRIPTION A	INPATIENT HOSPITAL B	OUTPATIENT HOSPITAL(2) C	FREESTANDING AMBULATORY SURGERY D	COMPREHENSIVE PRIMARY HEALTH CARE CLINIC(2) E
1. 2001 Patient Services Payments Subject to the 5.98% surcharge				
a. Current Month				
b. Prior Period Adjustment				
c. 2001 Adjusted Patient Services Payments (Line 1a plus 1b)				
d. 2001 Surcharge Liability @ 5.98% (Line 1c x 5.98%)				
2. 2001 Patient Services Payments Subject to the 8.18% Surcharge				
a. Current Month				
b. Prior Period Adjustment				
c. 2001 Adjusted Patient Services Payments (Line 2a plus 2b)				
d. 2001 Surcharge Liability @ 8.18% (Line 2c x 8.18%)				
e. Co-Payment and Deductible Surcharge Payments @ 8.18% (1)				
3. Total (Line 1d plus 2d plus 2e)				

4. Total 2001 Surcharge Obligation on Patient Service Payments (Line 3, Columns B through E). Carry forward to the Payment and Reconciliation Summary.	
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- (1) Enter all surcharges the third-party payor is voluntarily remitting directly for patient co-payment and deductible payments. See instructions for additional details.
- (2) Note that payments to hospital based laboratories or laboratories housed in comprehensive primary health care clinics must be reported in Column C (Hospital Outpatient Services) or Column E (Comprehensive Primary Health Care Clinic), respectively.

2001